

Political Organization  
Notice of Section 527 Status

OMB No. 1545-1683

91-2066526

**Part I** General Information

1 Name of organization  
**FLAGLER COUNTY REPUBLICAN EXECUTIVE COMMITTEE**  
Employer identification number  
**APPLIED FOR**

2 Mailing address (P.O. Box or number, street, and room or suite number)  
**POST OFFICE BOX 351611**  
City or town, state, and ZIP code  
**PALM COAST, FLORIDA 32135-1611**

3 E-mail address of organization

4a Name of custodian of records  
**WALTER PRICE**

4b Custodian's address  
**1019 S FLAGLER AVENUE**  
**FLAGLER BEACH, FLORIDA 32136**

5a Name of contact person  
**CRAIG NADLER**

5b Contact person's address  
**14 BANNER LANE**  
**PALM COAST, FLORIDA 32137**

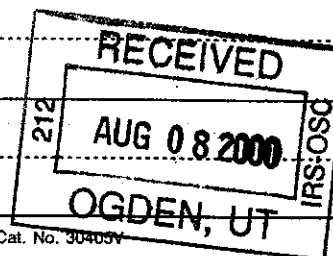
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  
**N/A**  
City or town, state, and ZIP code  
**N/A**

**Part II** Purpose

7 Describe the purpose of the organization  
**TO PROMOTE THE PRINCIPLES OF THE REPUBLICAN PARTY, EDUCATE THE CITIZENS ON ISSUES OF CONCERN, ENCOURAGE VOTER REGISTRATION AND PARTICIPATION, AND TO SUPPORT AND ELECT REPUBLICAN CANDIDATES TO PUBLIC OFFICE.**

**Part III** List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
<b>N/A</b>		



**Part IV** List of All Officers, Directors, and Highly Compensated Employees (see instructions)

9a Name	9b Title	9c Address
CRAIG NADLER	CHAIRMAN	14 BANNER LANE PALM COAST, FLORIDA 32137
BARBARA TANT	VICE-CHAIRMAN	P.O. BOX 53 FLAGLER BEACH, FLORIDA 32136
WALTER PRICE	SECRETARY	1019 S. FLAGLER AVENUE FLAGLER BEACH, FLORIDA 32136
WILLIAM DREXLER	TREASURER	13 PLACE CONCORDE PALM COAST, FLORIDA 32137
KERRY ELLIS	ASST. TREASURER	1928 S. DAYTONA AVE. FLAGLER BEACH, FLORIDA 32136
ALBERT F.P. JONES	STATE COMMITTEEMAN	P.O. BOX 350689 PALM COAST, FLORIDA 32135-0689
DR. VIOLET DREXLER	STATE COMMITTEEWOMAN	13 PLACE CONCORDE PALM COAST, FLORIDA 32137
PAT SLOAN-JONES	DIRECTOR	72 COVINGTON LANE FLORIDA PALM COAST, <del>FLORIDA</del> 32137
PATRICIA SCHENK	DIRECTOR	60 MADDY DRIVE PALM COAST, FLORIDA 32137
HAL & TRUDY METTEG	DIRECTORS	57 FLAGLER DRIVE PALM COAST, FLORIDA 32137
MARLENE LIEB	DIRECTOR	18 MAHRE DRIVE SE. HAMMOCK / PALM COAST, FLORIDA 32137
LUCY JONES	DIRECTOR	29 FLAGLER PLACE PALM COAST, FLORIDA 32137

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign  
Here

  
Signature of authorized official

  
Date



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Form 8871 (7-2000)

Political Organization  
Notice of Section 527 Status

OMB No. 1545-1693

Part I General Information

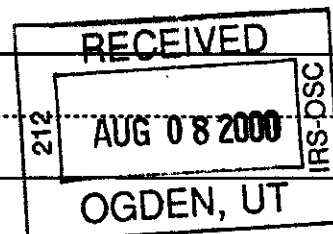
1	Name of organization CHARLES B. (CHARLIE) WELLS CAMPAIGN ACCOUNT	Employer identification number APPLIED FOR
2	Mailing address (P.O. Box or number, street, and room or suite number) P.O. Box 114	91-2063961
	City or town, state, and ZIP code PARRISH, FL 34219	
3	E-mail address of organization GOLDSTR565@AOL.COM	
4a	Name of custodian of records LESLIE WELLS	4b Custodian's address P.O. Box 114 PARRISH, FL 34219
5a	Name of contact person LESLIE WELLS	5b Contact person's address P.O. Box 114 PARRISH, FL 34219
6	Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  City or town, state, and ZIP code	

Part II Purpose

7 Describe the purpose of the organization  
TO CAMPAIGN FOR THE ELECTION OF CHARLES B.  
WELLS TO THE OFFICE OF SHERIFF OF  
MANATEE COUNTY, FLORIDA

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address



**Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)**

[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign  
Here**

Signature of authorized official

Date \_\_\_\_\_



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Form 8871 (7-2000)